

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1750

1. PLACE OF DEATH

County Lawrence
Township McVernon So.
City Arizona P.O.D. No.

Registration District No. 470
Primary Registration District No. 563.3

File No. _____
Registered No. 1
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E.B. Nicholse Jr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 24-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 0 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) farm

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Gordon A. Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

PARENTS

14. INFORMANT Emery Willhouse

(Address) McVernon Mo

May 10, 1930 W.D. Fulton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1930, to Jan. 20, 1930, that I last saw her alive on Jan. 19, 1930, and that death occurred, on the date stated above, at 2 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental burn

181
82A

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY)

apoplexy (duration) _____ yrs. _____ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. A. Johnson, M. D.

Jan. 20, 1930 (Address) McVernon

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

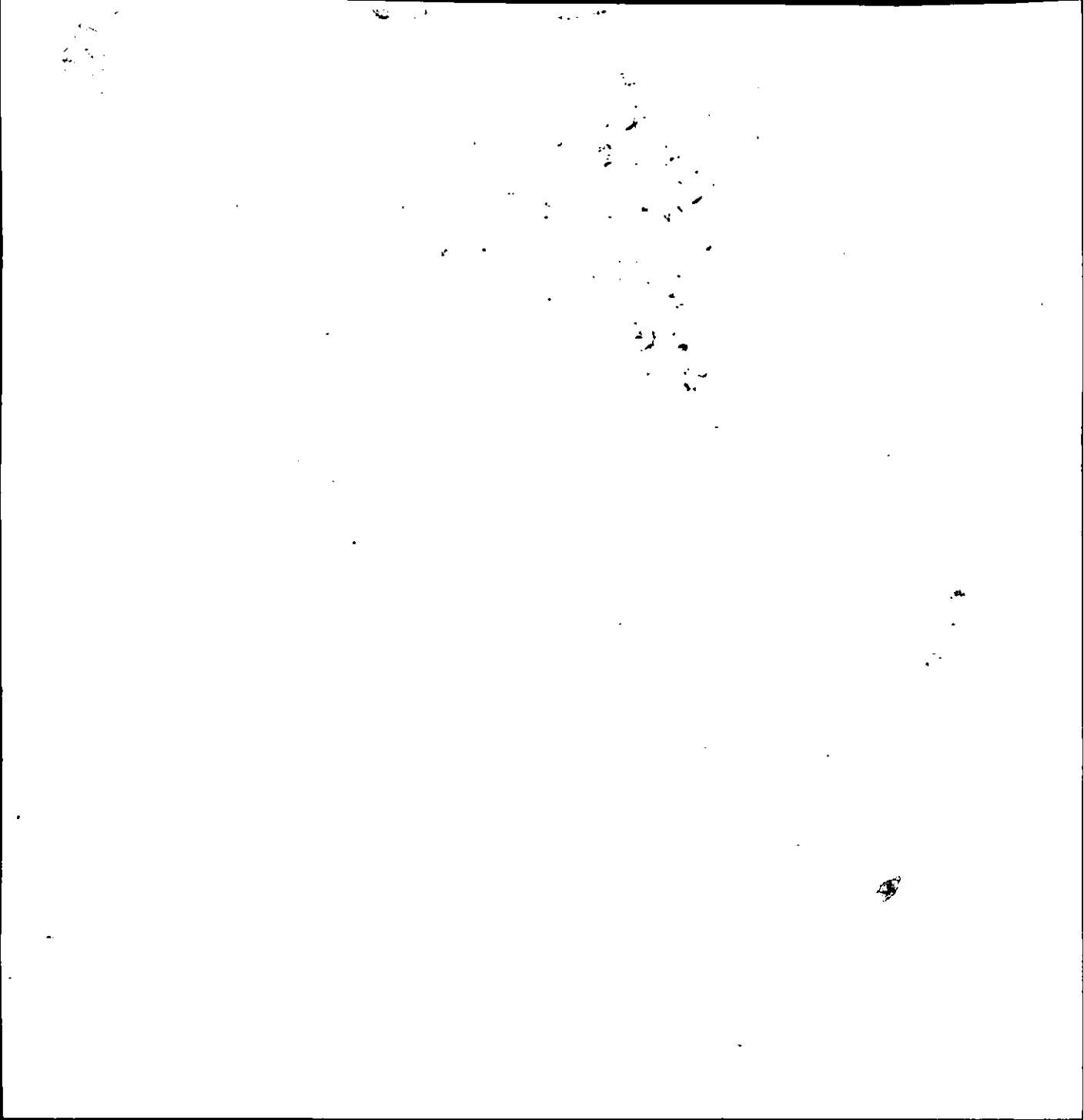
DATE OF BURIAL

Gion Cemetery May 21 1930

20. UNDERTAKER

ADDRESS

Geo. B. Dr McVernon
mo



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lawrence
Township mt Vernon
City (No. St. Ward)

Registration District No. 470
Primary Registration District No. 5633

File No.
Registered No. 2

2. FULL NAME

Malinda Burrell Villhouse

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR, DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1930

17. I HEREBY CERTIFY That I attended deceased from 19 to 19 , that I last saw him alive on 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

accidental burn
from fire place clothing
fire
(duration) yrs. mos. ds.

TORY (RY) (duration) yrs. mos. ds.

WAS DISEASE CONTRACTED

AT PLACE OF DEATH

OPERATION PRECEDE DEATH? DATE OF

ERE AN AUTOPSY?

EST CONFIRMED DIAGNOSIS

(med) , M. D.

(Address)

ES CAUSING DEATH, or in deaths from VIOLENT CAUSES, state OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or

OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

(Address)

15. 4/11 1930 W. J. Fulton

REGISTRAR

No. a house did not burn up neither did one burn down nor was one consumed by fire.

*Did a house
burn up in
this case?*

REGISTRAR'S SIGNATURE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

REGISTRAR

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